Boston 3D Brace Order Form

Date:_____ Due Date:_____ PO #:_____ Contact:_____
Ship To:_____ Ship Via:_____ Email:_____
Address:_____ Account #:_____ Phone:_____
City:_____ State:_____ Zip:_____ ☐ Previous 3D Wearer Scan Label:_____

Patient ID:_____ Ht: ____ft____in Wt:_____lbs
Age:_____ Sex:_____ Diagnosis:_____

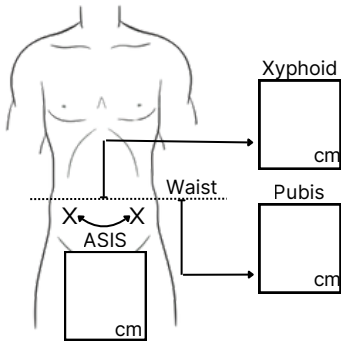
**Required	Lumbar/TL	Thoracic
Convexity	☐Left ☐Right	☐Left ☐Right
Apical Vertebra		
Cobb Angle		
Scoliometer Reading		

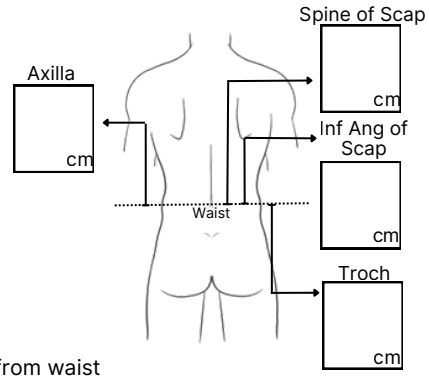
Anatomical Measurements

*All measurements required for BIVALVE SCANS

	Cir.	M/L	A/P
Axilla	cm	cm	
Xyphoid	cm	cm	cm
Waist	cm	cm	cm
Trochanter	cm	cm	cm

☐ ASIS Anterior lateral relief





Anatomical LENGTHS taken from waist

Brace Design

Opening
☐ **Posterior**
☐ Anterior * w/tongue
*1/16" PE

Liner
☐ **3/16" Aliplast**
☐ Unlined
☐ 1/8" Partial Liner

Plastic
☐ **5/32" Copoly**
☐ 1/8"Copoly
☐ Other: _____

Straps
☐ **White**
☐ Black

Pads
☐ **.5" Installed**
☐ .5" Un-Installed
☐ Unfinished Pads

Lumbar Reinforcement
☐ Left ☐ Right

Transfer
1st_____
2nd_____
Stock Transfers Only @ OPSB.com/customize-your-brace

☐ Gusset

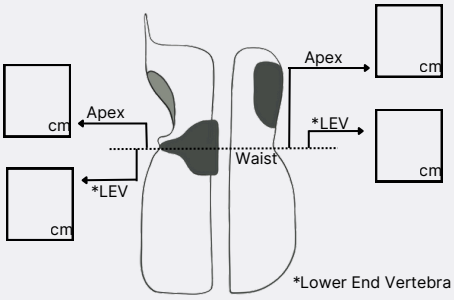
OPSB™ Sensor

☐ Send Sensor
☐ Sensor Hole

CAD Design Section

Lumbar/TL
☐ Left ☐ Right
☐ Pad Only

☐ TL Extension
Height_____cm



Thoracic Extension
☐ Left ☐ Right
Height_____cm

☐ 4-5 Pad
☐ TL Window

Axillary Modifications
☐ Left ☐ Right
☐ Outset Axilla : _____mm
☐ Inset Axilla : _____mm

☐ Posterior Extension

Scoli Tees

☐ Single
☐ Double
Qty: _____

Finished Heights *from waist

Xyphoid:_____cm Axilla:_____cm
Pubis:_____cm Inf Ang Scap:_____cm
☐ OPSB Trim Trochanter:_____cm
☐ Customer Trim → ☐ Left ☐ Right

Notes:

Boston Brace International, Inc. ("Boston O&P") is a company that is part of the OP Specialty Bracing division

37 Shuman Ave Stoughton MA 02072 - customerservice@opsb.com